

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	W	7153J	12-30-99
<b>O.I.P.E. CLASSIFIER</b>		15	12.00
<b>FORMALITY REVIEW</b>	DMK	69169	1-27-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-2-00
2	✓	✓	1-2-00
3	✓	✓	1-2-00
4	✓	✓	1-2-00
5	✓	✓	1-2-00
6	✓	✓	1-2-00
7	✓	✓	1-2-00
8	✓	✓	1-2-00
9	✓	✓	1-2-00
10	✓	✓	1-2-00
11	✓	✓	1-2-00
12	✓	✓	1-2-00
13	✓	✓	1-2-00
14	✓	✓	1-2-00
15	✓	✓	1-2-00
16	✓	✓	1-2-00
17	✓	✓	1-2-00
18	✓	✓	1-2-00
19	✓	✓	1-2-00
20	✓	✓	1-2-00
21	✓	✓	1-2-00
22	✓	✓	1-2-00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here